

**COMMISSIONER TODD STAPLES**  
**TEXAS DEPARTMENT OF AGRICULTURE**  
**STRUCTURAL PEST CONTROL SERVICE**  
P.O. BOX 12847, AUSTIN, TEXAS 78711-2847  
Phone: (512) 305-8250 or 866-918-4481 Fax: 888-232-2567  
Internet Address: [www.tda.state.tx.us/spcs](http://www.tda.state.tx.us/spcs) (submit your renewal online)  
Hearing Impaired: (800) 735-2988 (voice)

**RENEWAL APPLICATION FOR BUSINESS LICENSE**

**Name of Company** \_\_\_\_\_ **TPCL #** \_\_\_\_\_

Business Telephone No. (\_\_\_\_) \_\_\_\_\_ Business Fax No. (\_\_\_\_) \_\_\_\_\_ Bus Email: \_\_\_\_\_

Location Address: \_\_\_\_\_

Street City County State Zip

Mailing Address: \_\_\_\_\_

Street or P O Box City County State Zip

**---Important Note---** I understand that my email address is required for the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations, thereby, resulting in monetary penalties.

**The Structural Pest Control Service performs criminal history searches on all license applicants and licensees, including those applying for renewal of an existing license. At minimum, criminal history information is sought from the Texas Department of Public Safety. This process may delay agency action on a license application, if the applicant's criminal history reveals an arrest for, conviction of, or a plea of guilty to a criminal offense. If an applicant's or licensee's criminal history reveals a conviction or plea of guilty to a criminal offense which relates to the occupation of structural pest control, the applicant will be asked to submit additional information to demonstrate the applicant's current fitness to be licensed. Failure to submit the requested information, submission of false or misleading information, or failure to demonstrate current fitness to be licensed may result in denial of the application or revocation of an existing license.**

**Type of Ownership:** ☐ Sole Proprietor ☐ Partnership ☐ Corporation

**List name and address of all other persons who hold more than 10% ownership of this business:**

Name Street City County State Zip

Name Street City County State Zip

• **I CERTIFY THAT I HAVE NOT DEFAULTED ON A LOAN GUARANTEED BY THE TEXAS GUARANTEED STUDENT LOAN CORPORATION.**

**SIGNATURE OF BUSINESS LICENSE HOLDER (REQUIRED)** \_\_\_\_\_

**DATE** \_\_\_\_\_

Name of Responsible Certified Applicator \_\_\_\_\_ License No. \_\_\_\_\_

Late = 1-30 days past due  
Delinquent = 31-60 days past due

# of  
licenses

\_\_\_\_\_ Business Renewal Fee: **\$224**...\$336 if Late...\$448 if Delinquent \$ \_\_\_\_\_  
\_\_\_\_\_ Cert Applicator Renewal Fee: **\$100**.....\$150 if Late...\$200 if Delinquent \$ \_\_\_\_\_  
\_\_\_\_\_ Technician Renewal Fee: **\$76**.....\$114 if Late.....\$152 if Delinquent \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

**Make Check Payable to: Texas Department of Agriculture**